EXAMPLE: COVER LETTER FOR FULLY NEGOTIATED CONTRACT WITH PUBLIC RATES

JULY 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that

person's name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Group Name:

Apple Growers of Washington

Negotiated Contract Number:

AGOW-06

Contract Effective Date:

June 1, 2006

Overall rate change:

Increase 10.0%

Eligible Employees:

500

Number of Enrolled Employees

175

Number of Enrollees

235

Enclosed is a "Fully Negotiated" group contract. This contract is being filed for your review to assure compliance with state and federal guidelines.

A rate development summary is included in the proprietary rate filing pursuant to WAC 284-43-950. (See pages 7-5 through 7-8.) The new monthly rates for this group are attached with the contract. A copy of this cover letter is included for the proprietary rate filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HEAL	TH MAIN	ITENANCE O	RGANIZAT	ION TRANS	SMITTAL
1. Co	ompany ID	2. Company Name				Use Only	
	SHCOMPANY1234	WASHINGTON CARRIER			File ID	[] Ana	
	te Submitted	4. Proposed Effective Date JUNE 1, 2006		Approved		Date	Initials
	/ 1, 2006 entact	6. Title		Reviewed	<u>naman,</u> punik k Perinan propes		
	ELA BARNES	MANAGER, CONTRACTS		Withdrawn			
7. Ph	one	8. Fax #		Disapproved			
) 000-0000	(000) 000-0000		Acknowledged			
9. E-I	RNES@WACARRIER.COM	10. Purpose of Filing TO FILE FULLY NEGOTIA	TED CONT	State Tracking #			
	ck all forms that apply to thi					pers. attach a	separate
	et. Please fill out columns A					oro, anaorr	Сорились
		Α		В			C
	Line of Insurance	Contract # Effective Da	ato Prio	or Contract # Ef	factive Date	Produ	ıct Name
		Contract # Enective Da	ate File	or Contract # Er	lective Date	FIOU	ict Name
	NDARD MASTER CONTRACT						
11.	☐ Large Group Contract (51+)						
	☐ Small Group Contract (2-50)						
	☐ Group Application					· ·	
	☐ Member Application						
	☐ Certificate of Coverage						
	☐ Endorsement/Rider				•		
12.	 ☐ Individual						
	Application						
	☐ Endorsement/Rider						
40							
13.	☐ Conversion						
	☐ Endorsement/Rider						
14.	□ Network Reports						
l	☐Access Plan			-			
İ	Form B – Network Enrollment						
-	☐GeoGraphic Network Report						
15.	☐ Other						
16.					<u> </u>		
10.	☐ Small GroupLimited Schedule of Benefits						
	☐ Group Application						
	☐ Member Application						
	☐ Certificate of Coverage						
	☐ Endorsement/Rider						
	☐ Benefit Brochure						
PRI	OR APPROVAL	Agreement #/Effective Date	te Prio	or Agreement #/E	ffective Date		
17.	☐ Provider Agreement						
18. F	RATE	Contract #/Effective Date	Prid	or Contract #/Effe	ctive Date		ntract #/Effective
	☐ Proprietary					Date	
	NEGOTIATED CONTRACT	Employer	Associa			Trust	Union
16000	☐ Fully Negotiated ☐ Short-Form		☐ Paperwo			Paperwork	☐ Paperwork
_	otiated Contract Number: AGO			Effective Date:		·	
Grou	up Name: APPLE GROWERS OF V	VASHINGTON	•	Group Number:	00000		
Stan	dard Master Contract Number (short form filings only):		Effective Date:			
Form	s Included in this Filing: 🛛 Contra	act 🛛 Certificate of Coverage	e 🛛 Group	Application 🛛 I	Enrollee Applic	ation	
		(Please list form num	bers in Sect	ion 22 attached)			· National Control of the Control of
	EGOTIATED ENDORSEMENT/RIDE	K (FUR FULLY NEGOTIATED)				100000000000000000000000000000000000000	
Nego	tiated Endorsement/Rider Form #:		-	pply to: 🗌 Contra			e
	Please note ti	hat rate filings and form fili	ings must k	e submitted to	gether for nev	v plans	

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21. Additional Group Numbers:

22. Additional Form Numbers:

Form Type	Contract/Form #/Effective Date	Prior Contract/Form #/Effective Date	Product Name
ONTRACT	AGOW-06, 6/1/06	AGOW-05	<u> </u>
ERTIFICATE OF COVERAGE	AGOWCOC-06, 6/1/06	AGOWCOC-05	
POUR APPLICATION	ACOMARD 06 6/1/06	AGOWAPP-05	
ROUP APPLICATION MEMBER APPLICATION	AGOWAPP-06, 6/1/06 AGOWMAPP-06, 6/1/06	AGOWAPF-05	
MEMBER APPLICATION	AGOWIMAPP-06, 6/1/06	AGOVVIVIAPP-05	
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This Schedule is Part of Contract #: AGOW-06

Effective Date: 6/1/06

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EXAMPLE: COPY OF COVER LETTER FOR FULLY NEGOTIATED CONTRACT FOR PROPRIETARY RATE FILING

JULY 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Group Name:

Apple Growers of Washington

Negotiated Contract Number:

AGOW-06

Contract Effective Date:

June 1, 2006

Overall rate change:

Increase 10.0%

Eligible Employees: Number of Enrolled Employees 500 175

235

Number of Enrollees

Enclosed is a "Fully Negotiated" group contract. This contract is being filed for your review to assure compliance with state and federal guidelines.

A rate development summary is included with the proprietary rate filing pursuant to WAC 284-43-950. (See pages 7-7 through 7-8.) The new monthly rates for this group are attached with the contract. A copy of this cover letter is included for the proprietary rate filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HE	ALTH MAIN	ITENANCE	ORGANIZAT	TION TRANSI	/IITTAL
	ompany ID	2. Company Name				Use Only	
	SHCOMPANY1234	WASHINGTON CARRIE] File ID	[] Analy	
	ite Submitted Y 1, 2006	4. Proposed Effective Da JUNE 1, 2006	te	Approved		Date	Initials
	ontact	6. Title		Reviewed			
	ELA BARNES	MANAGER, CONTRAC	TS	Withdrawn			
7. Ph	one) 000-0000	8. Fax # (000) 000-0000		Disapproved Acknowledge	u de la companya de		
9. E-		10. Purpose of Filing		State Tracking		a problema a se estado. O monto estado estado en esta	
	RNES@WACARRIER.COM	TO FILE FULLY NEGO		- PROPRIETA	NRY		
	eck all forms that apply to thi et. Please fill out columns A				contract numi	bers, attach a s	separate
		Α		В		C	
	Line of Insurance	Contract # Effective	Date Pri	or Contract #	Effective Date	Product	
STA	ANDARD MASTER CONTRACT	L	la la company				25
11.	☐ Large Group Contract (51+)						
	☐ Small Group Contract (2-50)	1					
	☐ Group Application	72.10.20					
	☐ Member Application				7		
	☐ Certificate of Coverage						
	☐ Endorsement/Rider						
12.	☐ Individual						
	☐ Application						
	☐ Endorsement/Rider						
13.	☐ Conversion						
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44	☐ Endorsement/Rider						
14.	☐ Network Reports						
	☐Access Plan						
	Form B – Network Enrollment						
	☐GeoGraphic Network Report						-
15.	☐ Other						
16.	☐ Small Group						
	Limited Schedule of Benefits ☐ Group Application	'					
	☐ Member Application						***
	☐ Certificate of Coverage	*********					
	☐ Endorsement/Rider						
	☐ Benefit Brochure						
PRI	OR APPROVAL	Agreement #/Effective	Date Pri	or Agreement #	/Effective Date		
17.	Provider Agreement						
18. F	KAIE	Contract #/Effective Da	ite Pri	or Contract #/E	ffective Date	Negotiated Cont Date	ract #/Effective
	⊠ Proprietary	PROPRIETARY RATE JUNE 1, 2006		OPRIETARY RA IE 1, 2005	TE	AG0W-06, 6/1/06	
19.	☐For-Public NEGOTIATED CONTRACT	Employer	☐ Associa	····-	vernment	Trust [Union
	☐ Fully Negotiated ☐ Short-Form	Filing Paperwork	Paperw			Paperwork] Paperwork
Neg	otiated Contract Number:	452 20 20 20 20 20 20 20 20 20 20 20 20 20		E	ffective Date:		
Grou	ıp Name:			G	roup Number:		
Stan	dard Master Contract Number (short form filings only):		E	ffective Date:		
	is Included in this Filing: Contra			Application	Enrollee Appli	cation	·
	_	(Please list form n	umbers in Sect	ion 22 attached	i)		
	EGOTIATED ENDORSEMENT/RIDE	K (FOR FULLY NEGOTIATI		2.1,00-1		Section 1	
Nego	tiated Endorsement/Rider Form #:			· · ·		ate of Coverage	
	Please note th	nat rate filings and form	filings must l	oe submitted i	together for nev	v plans	

INS-1120 Revised 5/06

21. Additional Group Numbers: 22. Additional Form Numbers:

Form Type	Contract/Form #/Effective Date	Prior Contract/Form #/Effective Date	Product Name
CONTRACT	AGOW-06, 6/1/06	AGOW-05	
CERTIFICATE OF COVERAGE	AGOW-06, 6/1/06 AGOWCOC-06, 6/1/06 AGOWAPP-06, 6/1/06	AGOWCOC-05	
DERTIFICATE OF COVERAGE GROUP APPLICATION	ACOMARD 06 6/1/06	AGOWAPP-05	
SKOUP AFFLICATION	AGOWAFF-00, 6/1/06	AGOWAPP-05	
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This Schedule is Part of Contract #: AGOW-06

Effective Date: 6/1/06

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EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED RATE SUMMARY

GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY (WAC 284-43-950)

Carr	Carrier Name WASHINGTON CARRIER				
Address		0000 ANY STREET			
		ANY TOWN, ANY STATE	00000		
Contract Ho	lder/Pool	⊠ Single Employer Group:			
Category a (Check (nd Name One Box)	Employer Name: APPLE GROWERS (A SINGLE EMPLOYER GROUP)			
		☐ Multiemployer other than Association/Trust Groups Group Pool Name:			
		☐ Association/Trust Gr Association/Trust Gr			
Contract Form	Number	AGOW-06			
Rate Form					
(if different from Contract Form Number)					
Product Name		APPLE GROWERS OF WASHINGTON			
Rate Renewal From:		8/1/06	To: 7/31/07		
Date Submitted:	7/1/06				
Type of Filing Nev		v Group Contract	□ Revision of Existing Group Contract		

Rate Summary

Current Rate (Composite per employee or per member)	\$ 355.02 per member per month
Percentage Rate Change	10.0%
New Rate	\$ 390.52 per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	235
Anticipated Loss Ratio	85.0%
Portion of carrier's total enrollment affected	0.04%
Portion of carrier's total premium revenue affected	0.06%

EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED RATE SUMMARY

Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From 1/1/05 To 12/31/05	From 1/1/04 To 12/31/04	From 1/1/03 To 12/31/03
Member Months	2820	2218	1928
Billed Premium	\$1,001.154	\$748,761	\$526,790
Incurred Claims	\$1,310,097	\$619,106	\$271,611
Expenses	\$133,954	\$97,489	\$69,484
Gain/Loss	-\$442,897	\$32,166	\$185,696
Experience Refund/Credit or Recoupment	\$-0-	\$-0-	\$-0-
Earned Premium (Billed Premium - /.+ Refund/Credit or Recoupment)	\$1,001,154	\$748,761	\$526,790
Loss Ratio Percentage	131%	83%	52%

Comments or addit	tional information.
Preparer's Informa	ation
Name:	JOE SMITH
Title:	UNDERWRITING MANAGER
Telephone Number:	